

Parent/Guardian Transition Planning Interview

Student Name: _____ Birthdate: _____

Parent/Guardian Name: _____ School: _____

Phone Number: _____ Grade: _____ Graduation Date: _____

Student's Vocational Expectations:

1. After high school, will your child attend post secondary training?

College
 Community College
 Trade School/Vocational-Technical School
 Military

Major Area(s) of Interest:

Or will your child seek

Part-time Employment
 Full-time Employment
 Supported Employment
 Sheltered Employment

2. What employment or career related skills would you like your child to learn in school? _____

3. What types of work experience (paid or unpaid, volunteer work, etc.) has your son/daughter had?

4. From the work experiences identified in #3 or from other experiences, what previous work training has your child had? (Training provided by parent, relative, friend, teacher, etc.) Please list specific work-related tasks your child is able to complete. _____

5. List at least two careers or jobs your child would like to have after leaving school: _____

Student's Preferred Working Conditions:

Think carefully about the following working conditions described in the lists below. Each group lists working conditions that are very different. Check the working condition in each category that you think your son/daughter would prefer. More than one condition per category may be checked if there is not a strong preference.

- | | | |
|--|---|---|
| 1. <input type="checkbox"/> Indoors | <input type="checkbox"/> Outdoors | |
| 2. <input type="checkbox"/> With People | <input type="checkbox"/> With Things | <input type="checkbox"/> With Ideas |
| 3. <input type="checkbox"/> Moving Around | <input type="checkbox"/> Sitting/Standing in one area | |
| 4. <input type="checkbox"/> Busy Place | <input type="checkbox"/> Quiet Place | |
| 5. <input type="checkbox"/> Wear a Uniform | <input type="checkbox"/> Casual clothes | <input type="checkbox"/> Dress clothes |
| 6. <input type="checkbox"/> Same task | <input type="checkbox"/> Different tasks | |
| 7. <input type="checkbox"/> Unskilled | <input type="checkbox"/> Semi-skilled | |
| 8. <input type="checkbox"/> Supervised | <input type="checkbox"/> Unsupervised | |
| 9. <input type="checkbox"/> Dirty | <input type="checkbox"/> Neat and clean | |
| 10. <input type="checkbox"/> One location | <input type="checkbox"/> Travel in town | <input type="checkbox"/> Travel out of town |
| 11. <input type="checkbox"/> Days | <input type="checkbox"/> Evenings | <input type="checkbox"/> Nights |

(Student's Preferred Working Conditions continued)

Student's Work Temperament:

Please indicate the level that best describes your son/daughter's temperament.

	Most of the time	Sometimes	Never
Dependable	_____	_____	_____
Punctual	_____	_____	_____
Even-Tempered	_____	_____	_____
Completes Tasks	_____	_____	_____
Well-groomed	_____	_____	_____
Likes to work with others	_____	_____	_____
Likes to learn new tasks	_____	_____	_____
Accepts Responsibilities at home	_____	_____	_____
Accepts Consequences for Actions	_____	_____	_____

Student's Academic Preferences:

- I see my son/daughter's strongest academic area(s) as: _____

- I see my son/daughter's weakest academic area(s) as: _____

- What classes has your son/daughter taken related to his/her career interest area: _____

Independent Living Skills:

Do you expect your son/daughter to live at:

___ Home ___ Dorm ___ Apartment with Friends ___ Supervised Apartments ___ Group Home

- | | | |
|--|---------|--------|
| 1. Can your son/daughter do laundry? | Yes ___ | No ___ |
| 2. Can your son/daughter shop for food or clothing? | Yes ___ | No ___ |
| 3. Can your son/daughter prepare a nutritional meal? | Yes ___ | No ___ |
| 4. Can your son/daughter manage money? | Yes ___ | No ___ |
| 5. Can your son/daughter use checking or savings accounts? | Yes ___ | No ___ |
| 6. Can your son/daughter handle emergency situations? | Yes ___ | No ___ |
| 7. Does your son/daughter make doctors' appointments? | Yes ___ | No ___ |
| 8. Does your son/daughter take medications independently? | Yes ___ | No ___ |
| 9. Can your son/daughter clean a house or apartment? | Yes ___ | No ___ |
| 10. Can your son/daughter complete simple maintenance tasks? | Yes ___ | No ___ |
| 11. Can your son/daughter drive a car or other motor vehicle? | Yes ___ | No ___ |
| 12. Can your son/daughter locate a new place on a map? | Yes ___ | No ___ |
| 13. Does your son/daughter use community resources?
(library, post office, doctor's office, job placement office, etc.) | Yes ___ | No ___ |
| 14. What does your child like to do most for leisure activities? | _____ | |

What do you see as your role in planning for your son/daughter's career/vocational future and what have you done specifically? _____

What assistance would you like from the guidance office and/or IEP team to help you and your son/daughter continue with his/her transition planning? _____

Parent signature _____ Date _____